

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONForm approved
OMB No. 0938-0193

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | TRANSMITTAL NUMBER 91-37 91-36 XXXX | STATE Illinois |
| | PROGRAM IDENTIFICATION XIX | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES Region V | PROPOSED EFFECTIVE DATE 10-1-91 | |

TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

FEDERAL REGULATION CITATION Omnibus Budget Reconciliation Act of 1987 (Pub.L. 100-203),
Medicare Catastrophic Coverage Act of 1988 (Pub.L. 100-360) (con/t on Attachment I)

NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 8a to Attachment 2.6-A, Page 1
~~Supplement 4 to Attachment 2.6-A, Page 1~~
~~Supplement 8b to Attachment 2.6-A, Page 1~~NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT~~Supplement 5 to Attachment 2.6-A, Page 2~~
Supplement 4 to Attachment 2.6-A, Page 1

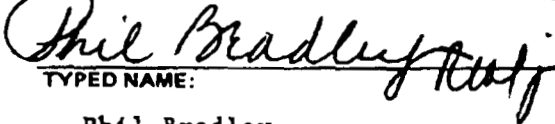
SUBJECT OF AMENDMENT

MEDICAID ELIGIBILITY

GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:
Not submitted for review
by prior approval

SIGNATURE OF STATE AGENCY OFFICIAL



TYPED NAME:

Phil Bradley

TITLE:

Director

DATE:

12-30-91

RETURN TO:

Illinois Dept. of Public Aid
Jesse B. Harris Bldg.
100 So. Grand Ave., E.
Springfield, IL 62762

ATTN: MARY ANN LANGSTON

FOR REGIONAL OFFICE USE ONLY

DATE RECEIVED

DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL

5/11/01

SIGNATURE OF REGIONAL OFFICIAL



TYPED NAME:

Cheryl A. Harris

TITLE:

Associate Regional Administrator
Division of Medicaid and Children's Health

REMARKS:

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

SUPPLEMENT 8a TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ILLINOISMORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r) (2) OF THE ACT*☒ Section 1902(f) State☐ Non-Section 1902(f) State

~~The more liberal income policies below apply to individuals in the following groups:~~ Individuals in States using more restrictive requirements for Medicaid than the SSI requirements (42 CFR 435.121); Aged, Blind and Disabled individuals in States that use more restrictive requirements for Medicaid than SSI requirements (42 CFR 435.230); Individuals receiving only optional State supplements in States using more restrictive eligibility requirements than SSI (42 CFR 435.234); Optional coverage for the medically needy (42 CFR 435.301).

- a. The first \$25 of monthly income is exempted for categorically needy determinations.
- b. The first \$25 of non SSI monthly income is exempted for medically needy determinations.
- c. All income in-kind is exempted.
- d. For the blind, the first \$85 of monthly earnings plus one-half the remainder is exempted.
- e. Income received under the provisions of the Illinois "Senior Citizens and disabled Persons Property Tax Relief Act" is exempted.
- f. Self-employment earnings are budgeted for each month as received, not prorated over a year.

*More liberal methods may not result in exceeding gross income limitations under section 1903(f).

TN # 91-36
Supersedes
TN # 88-14

Approval Date 10/10/01Effective Date 05-11-01

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

SUPPLEMENT 4 TO-ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ILLINOISMETHODS FOR TREATMENT OF INCOME THAT DIFFER FROM
THOSE OF THE SSI PROGRAM

Use for Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r) (2) of the Act. Use Supplement 8a for section 1902(r) (2) methods.

The following more restrictive income policies are applied to the aged, blind, and disabled receiving state supplemental payments.

1. Irregular or infrequent earnings of up to \$10 monthly are not disregarded. (20 CFR 416.1112)
2. Earnings of a blind or disabled child who is a student are not disregarded up to \$400 per month or \$1620 per calendar year. (20 CFR 416.1112)
3. \$65 plus $\frac{1}{2}$ of the remainder of earnings is not disregarded for the aged and disabled. Illinois disregards \$20 plus $\frac{1}{2}$ or the next \$60 for a maximum of \$50. (20 CFR 416.1112)
4. One third of the support payments made by a absent parent to a blind or disabled child are not disregarded. (20 CFR 416.1124)
5. Up to \$20 of irregular income per month is not disregarded. (20 CFR 416.1112 and 416.1124)
6. Income from the Disaster Relief Act of 1974 and other assistance provided as a result of a presidentially declared disaster is not disregarded. (20 CFR 416.1124)
7. Self-employment income is prorated monthly by SSI on an annual basis. Illinois budgets self-employment income as received each month. Illinois does not prorate over a year. (20 CFR 416.1111)

TN No. 91-36
Supersedes
TN No. 91-34

Approval Date 6/6/01Effective Date 05-11-01